From: Kristie Barber <execdir@rmhb2.org>
Sent: Wednesday, November 27, 2013 12:22 PM
To: SIM, OHA
Subject: Feedback on SIM Draft 1.1 Plan

To Members of the Innovation Steering Committee:

The Connecticut Healthcare Innovation Plan aka State Innovation Model (SIM) is a very complex model that has the distinct *possibility* of transforming our healthcare system in Connecticut as is much needed. It is commendable that Connecticut has in advance of the mandate of the Affordable Care Act begun planning for this transformation in healthcare. However, much of the buy in for this model depends on the collaboration of the providers, consumers and insurers to set up these networks and value based payment systems. In addition, a well developed set of quality measures and payment methodology that is fair and equitable is needed to substantiate the effectiveness of the model. However, achieving these goals will entirely depend on insurers and providers developing and participating in a synergistic manner throughout the state on a timely schedule. Improving a person's health without increasing costs is different from the concept of reducing costs while improving quality. The former goal needs to be attained before the latter can be realized. The much needed coordination of services for an individual's health needs is achievable through electronic medical records and existing, proven methods of coordination of care.

While the plan reflects an extraordinary amount of careful thought and admirable goals the fact that this process will be rolling out over a five year period, we are concerned about what healthcare practice and patient care will look like until this new model is firmly in place. The concern is what will the healthcare experience be for the consumer during the interim timeframe, during the planning phase, developing metrics, network development and so on.

Details developed over the next two years of intensive planning to establish metrics, can make a provider part of the care authorization process, which can create a lack of balance, making the providers, in effect, the potential denier of care. The concept of making providers more responsible for assessing need and providing comprehensive care is good. However, we are concerned about the impact on both the patient and the provider when the assessed need for care falls outside the "approved" parameters for a particular condition. The related concern is the consumer who presents with multiple conditions and requires a complex comprehensive care plan may also fall outside of approved parameters. In addition, if physicians are in the role of determining access to care there needs to be a stop gap measure from holding them fiscally accountable and an appeal process to ensure care can be administered as needed.

We are also very concerned for the potential of including the Medicaid population in the SIM. We do not believe that this will lead to an increase in providers joining the Medicaid network, in fact, we think it will be a deterrent. We would like to see something in the plan to specifically attract more providers to become a willing members of the Medicaid network.

In addition, including the Medicaid providers in the "downside" risk should not be in the plan. It was not in the original plan and we strongly urge you to delete it from the final version.

We would like a reasonable, realistic estimate of how long it will take to develop the standards of care, the metrics and statistically significant data to evaluate the effectiveness of the SIM.

Respectfully Submitted,

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